P13000078913

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/22/21--01019--014 **52.50

FILED 2021 OCT 22 PM 6: 10

NOV 2 2021

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: IMMA INSURAN	CE AND FINANCIAL SER	CVICES, INC	
DOCUMENT N	UMBER:			
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.		
Please return all c	orrespondence concerning this ma	tter to the following:		
	IMMA PIERRE			
		Name of Contact Person		
	IMMA PIERRE INSURANC	E AND FINANCIAL SER	VICES INC	
		Firm/ Company		
	6100 HOLLYWOOD BLVD	#520		
		Address		
	HOLLYWOOD, FL 33024			
		City/ State and Zip Code	:	
	IMMAFINANCIAL@GMAI	L.COM		
	•	sed for future annual report	notification)	
For further inforn	nation concerning this matter, pleas	se call:at (561	827-1515	
N:	ame of Contact Person		de & Daytime Telephone Number	
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fo	ee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

	Articles of Amendm	ent	<u> </u>	2021 OCT 22	
	to		L C	<u> </u>	
	Articles of Incorporation	tion	ET Post	Ğ	-17
			TAN ASS	\sim	
MMA INSURANCE AND FINANCIAL SERV	ICES, INC		rn-<		FILED
(Name of Corpo	oration as currently filed v	with the Florida Dept. of State)	OF STATE	РИ	O
213000078913			12 E	ڹ	
(D	ocument Number of Corpor	ration (if known)	ADA A	0	
Pursuant to the provisions of section 607.1006, Flats Articles of Incorporation:	orida Statutes, this Florida	Profit Corporation adopts the fol	lowing amen	idmen	t(s) to
A. If amending name, enter the new name of t	he corporation:				
MMA PIERRE INSURANCE AND FINANCIA	L SERVICES INC		The	P1.(23.4)	
name must be distinguishable and contain the wor 'Inc.," or Co.," or the designation "Corp." ' 'chartered," "professional association," or the c	Inc," or "Co". A profes	y," or "incorporated" or the abbre isional corporation name must c	eviation "Con	rp.,"	
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>				_	
C. Enter new mailing address, if applicable:				_	
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>: BOX</u>)			-	
 If amending the registered agent and/or re- new registered agent and/or the new registered. 		Florida, enter the name of the			
Name of New Registered Agent					
	(Florida street addre	ess)			
New Registered Office Address:		, Florida			
New Registered Office Hadress.	(City)	, 11011du	(Zip Code)	_	
New Registered Agent's Signature, if changing	Registered Agent:				
hereby accept the appointment as registered ago		l accept the obligations of the posi	tion.		
	Signature of New Registere	nd Agent, if changing			
	2 7 6				

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change		<u> </u>	 		
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					<u></u>
Remove					
5) Change			 		
Add					
Remove					
6) Change					
, Add					<u> </u>
Remove					

ttach <i>additional shee</i>	ets, if necessary). (Be specific)				
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an amendment pro	ovides for an exchar	ige, reclassific	ation, or cance	<u>llation of issue</u>	d shares,	
rovisions for imple	ementing the amend e, indicate N/A)	ment if not co	ntained in the	<u>amendment its</u>	<u>self:</u>	
(if not applicable	t, indicate N/A)					
					_	
<u></u>						

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	<u>.</u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	2021 O Secni
by" (voting group)	FILED 2021 OCT 22 PM 6: 10 SECNETARY OF STATE ALLAHASSEE, FLORIDA
Dated 10 18 17071	PH 6: OF STA: E. FLOR
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	·
POFCIOFNT	

(Title of person signing)